

**ILLINOIS STATE BOARD OF EDUCATION**

**Annual Enrollment Form**

**Child and Adult Care Food Program**

**This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.**

**This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.**

**Parents/Centers:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. If parent does not complete Section 5, center staff should complete to the best of their ability (by observation) and initial the section. The center will review completed enrollment form.

<b>1</b> FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	<b>2</b> DAYS OF WEEK IN ATTENDANCE	<b>3</b> TIMES CHILD NORMALLY ATTENDS DURING WEEK	<b>4</b> MEALS RECEIVED																																
<b>First Child</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">TIME IN</th> <th colspan="3">TIME OUT</th> <th colspan="2">TIMES CHILD ATTENDS SCHOOL</th> </tr> <tr> <th>AM</th><th>PM</th><th>TIME</th> <th>AM</th><th>PM</th><th>TIME</th> <th>Leaves Center</th><th>Returns To Center</th> </tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td colspan="8"> <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours                             </td> </tr> </tbody> </table>	TIME IN			TIME OUT			TIMES CHILD ATTENDS SCHOOL		AM	PM	TIME	AM	PM	TIME	Leaves Center	Returns To Center									<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack
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*Please answer both questions. This information is voluntary.*

**5 ETHNIC/RACIAL CATEGORIES—**

A. Ethnic data of child(ren) —  Hispanic or Latino  Not Hispanic or Latino  
 Mark only one.

B. Racial data of child(ren) —  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  
 White  American Indian or Alaska Native  
 Mark one or more that apply.

**6 SIGNATURE**  
 I certify the information above is correct. \_\_\_\_\_  
*Signature of Parent or Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_ *Telephone Number of Parent or Guardian*

**CHILD CARE REPRESENTATIVE USE ONLY**

Effective Date of this enrollment form: \_\_\_\_\_

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.